

APPLICATION FORM

CONFIDENTIAL: To be completed personally by Applicant.

Date of Application _____

APPLICATION FOR EMPLOYMENT

Note: The completion of this form does not indicate that there is any obligation on this business to engage the applicant.

Purpose

This information is collected for the purpose of assessing your suitability for employment at Hurstville RSL Memorial Club which may include subsequent changes in employment with the company. We wish to retain the information on file.

Permission granted / not granted (strike one)

Please Print

Position applied for _____

Your Name Mr. / Mrs. / Miss

Surname: _____

Given Names: _____

Are you known by any other name (s): _____

Give details: _____

Address: _____

Home Phone No: _____

Mobile No: _____

Work: _____

Date of Birth: _____ **Age:** _____

Place of Birth: _____

Resident: Are you an Australian citizen? Yes / No

Status: If yes, can you produce evidence if required? Yes / No

If no, do you have the right of permanent residence? Yes / No

If no, do you have a work permit

(production of a passport is required for verification)? Yes / No

Are you an assisted immigrant under bond to the
Government or any other employer?

Yes / No

Education:

Name of High School _____

Attended from _____ to _____

University _____

Further education: _____

Qualifications: (Junior Certificate, Senior Certificate) subjects _____

Other Qualifications: _____ (subjects) Yes / No

Languages Can you speak any language other than English?

Yes / No

Please specify: _____

Employment History:

Present or Most Recent Employer:

Company: _____ From _____ To _____

Position Held: _____

Main Duties: _____

No. hours worked per week: _____

Reason for leaving: _____

Next Most Recent Employer:

Company: _____ From _____ To _____

Position Held: _____

Main Duties: _____

No. hours worked per week: _____

Reason for leaving: _____

Next Most Recent Employer:

Company: _____ From _____ To _____

Position Held: _____

Main Duties: _____

No. hours worked per week: _____

Reason for leaving: _____

Next Most Recent Employer:

Company: _____ From _____ To _____

Position Held: _____

Main Duties: _____

No. hours worked per week: _____

Reason for leaving: _____

Next Most Recent Employer:

Company: _____ From _____ To _____

Position Held: _____

Main Duties: _____

No. hours worked per week: _____

Reason for leaving: _____

Give details of any other job which may be relevant: _____

Have you ever worked in this company before? Yes / No

Do you have secondary employment? Yes / No

If yes, give details: _____

Referees

Give name and telephone numbers of at least two (2) referees (preferably from where you have worked).

Name	Position	Phone No.

It is Hurstville RSL'S Club Policy that we do not employ family or friends of employees.

Do you have a relative or friend currently employed with the Club? Yes / No

If your application is accepted when could you commence employment _____

I consent to Hurstville RSL Memorial Club to seek verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought, to be released.

If yes: *Signature* : _____ . *Date*: _____

GENERAL:

Are you prepared to work overtime if required? Yes / No

Have you been convicted of a criminal offence? Yes / No

Do you have a current drivers licence? Yes / No

Drivers Licence No: _____ Class: _____

What transport arrangements do you have to attend work? _____

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes / No

Are you prepared to handle all products, materials or equipment used? Yes / No

What are your interests/hobbies/sports/club or community activities? _____

Experience:

- Bar Service Yes / No
- Tray Service Yes / No
- Cellar Duties Yes / No
- Cash Box Yes / No
- Keno Yes / No
- TAB Yes / No
- Door Duties Yes / No

Please circle AM / PM / ALL DAY or Unavailable:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
ALL DAY	ALL DAY	ALL DAY	ALL DAY	ALL DAY	ALL DAY	ALL DAY
Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable

MEDICAL

Do you smoke? Yes / No

Do you agree to undergo a medical examination if required? Yes / No

Are you at present receiving medical treatment and/or medication? Yes / No

If yes, please detail: _____

Are you allergic to, or have any sensitivity to any substances or chemicals? Yes / No

Do you require corrective lenses or contact lenses? Yes / No

Have you ever suffered from back injury requiring time off work? Yes / No

If yes, please detail: _____

Have you claimed workers compensation in the last 12 months? Yes / No

If yes, please detail: _____

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for:

Signature : _____ . *Date*: _____